



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/22/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>AGENCY</b> Fuller Insurance LLC 4821 US Highway 98 Suite 103 Santa Rosa Beach FL 32459		<b>PHONE (A/C, No, Ext):</b> (850) 502-4260	<b>COMPANY</b> Centauri Specialty Ins Co 5391 Lakewood Ranch Blvd Sarasota FL 34240	
<b>FAX (A/C, No):</b> (850) 895-3109	<b>E-MAIL ADDRESS:</b> chris@fuller.insure			
<b>CODE:</b>		<b>SUB CODE:</b>		
<b>AGENCY CUSTOMER ID #:</b>				
<b>INSURED</b> Nola Conrad LLC 625 Grand Blvd Suite E-102 Miramar Beach FL 32550		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> BOP 0002257-02	
		<b>EFFECTIVE DATE</b> 04/17/2022	<b>EXPIRATION DATE</b> 04/17/2023	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> 625 Grand Blvd Ste 102E Miramar Beach LOC: 1 BLDG: 1 - 625 Grand Blvd Ste 102E Miramar Beach FL 32550-7888	FL 32550-7888
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED				AMOUNT OF INSURANCE	DEDUCTIBLE
	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL			
	COVERAGE / PERILS / FORMS					
Personal Property					385,000	1,000
Employee Dishonesty					10,000	
Equipment Breakdown					1,078,200	
Equipment Breakdown					20,000	
Extra Expense					300,000	
Spoilage					10,000	
Utility Services					10,000	
Business Income Extra Expense (12 months/\$300K max)					10,000	
Outdoor Signs					5,000	
Windstorm / Hail Deductible						2%

## REMARKS (Including Special Conditions)

Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability, and Umbrella. Waiver of Subrogation with regards to Workers Compensation, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.

30-day notice of cancellation and non-renewal applies

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b> Kilwins Chocolates Franchise, Inc., (cont. in ACORD 101) 1050 Bay View Road Petoskey MI 49770	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	<b>LOAN #</b>		
<b>AUTHORIZED REPRESENTATIVE</b> <i>Chris Jayne</i>			

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Fuller Insurance LLC		NAMED INSURED Nola Conrad LLC	
POLICY NUMBER BOP 0002257-03			
CARRIER Centauri Specialty Ins Co	NAIC CODE 12573	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 27      **FORM TITLE:** Evidence of Property Insurance

\*\*Additional Interest Name:

Kilwins Chocolates Franchise, Inc., Kilwins Quality Confections, Inc.